Alcohol Use Disorder in Primary Care

Can you help me with my shakes?

Presenter Disclosure

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Relationships with Commercial Interests:
None

Objectives

1) How to recognize problem drinking and Alcohol Use Disorders.
   - Screening Tools
   - Canada's Low Risk Alcohol Drinking Guidelines
   - Definitions
   - DSM V Diagnostic Criteria for Alcohol Use Disorder

2) Deciding if a patient is appropriate for outpatient alcohol withdrawal management.
   - Patient education
   - Patient social situation
   - Deal breakers

Objectives

3) What and how to prescribe.
   - Diazepam/Lorazepam
   - Symptom management

4) Determining follow-up schedules and plans.

5) What else do you need to consider?
   - Labs
   - Imaging
   - Harm reduction

First, you need to recognize if there is a problem.

- Regular screening at appointments to just make it part of your relationship:
  - Sometimes patients present wanting to talk about their alcohol use and looking for assistance to stop using.
  - Do you drink alcohol?
  - How often do you drink?
  - How much do you drink per day or per week?
  - Do you feel like your alcohol use is problematic?

Screening Tools

1) Cage Questions can be helpful if you need a little more structure:
   - Have you felt a need to **CUT** down on your alcohol intake?
   - Have you been **ANNOYED** by criticism of your drinking from others?
   - Do your feel **GUILT** around your alcohol use?
   - Do you need an **EYE-OPENER** in the morning to get started for the day?

2) AUDIT questionnaire
   - Alcohol Use disorders Identification Test
     - Ten item screening tool developed by the WHO
     - Online versions can be printed and done by patients in waiting room

3) What is a drink anyway?
   - One unit of alcohol contains 7-10g of alcohol
     - 341ml (12 oz, 5% alcohol) of beer
     - 142ml (5oz, 12% alcohol) of wine
     - 43ml (1.5oz, 40% alcohol) of hard liquor

AUDIT Example

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?
   (0) Never [Skip to Qs 9-10]
   (1) Monthly or less
   (2) 2 to 4 times a month
   (3) 2 to 3 times a week
   (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   (0) 1 or 2
   (1) 3 or 4
   (2) 5 or 6
   (3) 7, 8, or 9
   (4) 10 or more

3. How often do you have six or more drinks on one occasion?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily
   Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   (0) No
   (2) Yes, but not in the last year
   (4) Yes, during the last year

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
    (0) No
    (2) Yes, but not in the last year
    (4) Yes, during the last year

Record total of specific items here

If total is greater than recommended cut-off, consult User's Manual.

Canada's Low Risk Alcohol Drinking Guidelines

- Limits
  - For women: 10 drinks per week with no more than 2 per day most days
  - For men: 15 drinks per week with no more than 3 per day most days
- Special Occasions
  - For women: reduce risk of injury/harm by consuming no more than 3 drinks per occasion
  - For men: reduce risk of injury/harm by consuming no more than 4 drinks per occasion
- Safer Drinking
  - Set limits and stick with it
  - Drink slowly (<2 drinks every three hours)
  - Alternate alcohol with non-alcohol
  - Eat before drinking
- Full info-graphic at: www.CCSA.ca (Canadian Centre on Substance Use and Addiction)

Helpful Definitions

Alcohol Withdrawal Syndrome

- Stopping or reducing alcohol use that has been heavy or long-term.
- Two or more of the following: autonomic hyperactivity, tremor, insomnia, nausea, vomiting, auditory/visual/tactile hallucinosis, psychomotor agitation, anxiety, generalized tonic-clonic seizure.

Delerium Tremens (DTs)

- A rapid onset delerium state associated with alcohol withdrawal that is accompanied by: extreme autonomic hyperactivity, fever, tachycardia, hypertension, drenching sweats.
- With history of DTs, patients need in-patient withdrawal management.

Helpful Definitions

Wernicke Encephalopathy

- Neuro complication of thiamine deficiency.
- Common in AUD due to low dietary intake, low GI absorption, decreased hepatic storage, and impaired thiamine use.
- Leads to encephalopathy, oculomotor impairment, and ataxic gait/cerebellar dysfunction.
- Reversible with high dose IV or IM thiamine replacement.
- Needs inpatient management.
- Chronic conditions lead to permanent effects, or Korsakoff-Syndrome

Helpful Definitions

Korsakoff-Syndrome

- Dementia occurring from progression/undertreatment of Wernicke Encephalopathy.
- Permanent and irreversible.
- Effect is anterograde and retrograde amnesia, relative maintenance of long term memory, confabulation.

Your suspicion is high, but is it a Disorder?

DSM 5 Criteria for Alcohol Use Disorder: In the last year have you:

1. Had times when you drank more or for longer than you intended?
2. Wanted or tried to cut down or stop drinking but couldn't?
3. Spent a lot of time drinking or recovering from drinking?
4. Wanted a drink so badly you could think of nothing else/had cravings?
5. Found drinking/recovering from drinking interferes with your role at home/work/school?
6. Continued to drink even though it has caused problems with family or friends?

Your suspicion is high, but is it a Disorder?

7. Given up or reduced activities that are important so that you could drink?
8. Had drinking lead to unsafe activities like driving, fighting, unsafe sex?
9. Continued to drink even though it negatively affects your physical or mental health?
10. Had to drink more to get the desired effect of alcohol (tolerance)?
11. Had withdrawal symptoms from not drinking?

Alcohol Use Disorder

Severity of disorder:

- 2-3 criteria = Alcohol Use Disorder - mild
- 4-5 criteria = Alcohol Use Disorder - moderate
- 6+ criteria = Alcohol Use Disorder – severe

Who needs withdrawal management?

- Patients who experience withdrawal symptoms with abstinence.
- Can alcohol detox be done as an outpatient?

YES! Outpatient Alcohol Withdrawal Management Can Be Done.

Considerations for home detox:

- Safe/stable housing
- Supportive adult to help out/monitor progress
- Patient can reliably follow directions
- No current concerns re: cognition/mobility/safety
- Patient is willing to try outpatient management
- Patient has not had DTs, withdrawal seizures, or hallucinosis in the past
- Patient has reasonable nutritional state
- Patient does not have nystagmus/ataxic gait/encephalopathy

What Does the Patient Need to Know/Agree To?

1. **NO** alcohol use with benzodiazepine medications.

2. Alcohol withdrawal is a dangerous condition that can occur when a person who drinks daily suddenly stops drinking or significantly reduces drinking.

3. The following are symptoms of alcohol withdrawal:
   - Shakiness/Tremor
   - Sweating
   - Anxiety/Insomnia
   - Nausea/vomiting/diarrhea/headache
   - Hypertension
   - Racing heart
   - Hallucinations
   - Confusion

What Does the Patient Need to Know/Agree To?

4. The above symptoms without treatment by a Physician, NP or PA are dangerous and the risk is seizure, coma, and death. You need to be seen in the ER or Urgent Care.

5. If you are already on diazepam or lorazepam for withdrawal but your symptoms are not managed so that you can keep the medication down, or symptoms continue to worsen despite medication, you need to be seen in an ER or Urgent Care.

6. If you do not have a sober adult who can be with you during withdrawal, you will be required to do daily dispensing at the pharmacy so that the pharmacist is seeing the patient daily.

What to Prescribe

I do the following:

- Determine how much diazepam (or lorazepam) does someone need
  - Consider amount, frequency, and duration of alcohol use.
  - For moderate use/moderate withdrawal I give Diazepam 10mg (Lorazepam 1mg) PO QID for one day then decrease frequency of dosing each consecutive day (TID, BID and OD over the next three days).
  - Reassess in 1-3 days to make sure the patient is comfortable but not over sedated.
  - For high use/severe withdrawal I give Diazepam 20mg (Lorazepam 2mg) PO QID for one day then decrease frequency daily as described above.
  - Consider prescribing metoclopramide, acetaminophen, PPI, loperamide and other symptom management meds.

Follow-Up for Outpatient Withdrawal Management

- Reassessment is important and should be done by a physician, PA/NP, or clinic nurse.
- You will want to see your patient in 1-3 days as long as the home management is going well for them.
- Reassess CIWA-Ar and determine if withdrawal is resolved or ongoing
- Does the patient need further Diazepam/Lorazepam?

Withdrawal Has Resolved, What's Next?

- CBC and differential
  - Anemia, macrocytosis, Leukopenia, thrombocytopenia
- Chem 10
  - Electrolyte imbalance
- Liver Enzymes
  - Typical pattern will show a 2:1 ratio of AST:ALT
  - Elevated GGT is expected
- Liver function tests
  - Bilis T and D
  - Pt/INR
- Physical exam for stigmata of liver disease

Withdrawal Has Resolved, What's Next?

- Review labs and determine need for abdominal ultrasound.
- Results of abdominal ultrasound and labs will help determine need for endoscopy.
- Offer everyone STI/BBP testing!
- Other resources: AA, AFM, EPA, SMART Recovery, SOS, Refuge Recovery.
- Relapse prevention medications – Stay Tuned!

Citations

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